

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>39A437</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>04/24/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>HOLLIDAYSBURG VETERANS' HOME</b>  STATE LICENSE NUMBER: <b>341402</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>PO BOX 319</b> <b>HOLLIDAYSBURG, PA 16648</b>		
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F 0000	INITIAL COMMENT	F 0000			
F 0580	Based on a complaint survey completed on April 24, 2023, it was determined that Hollidaysburg Veterans' Home was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0580			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0580  SS=D	Continued from page 1  483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this	F 0580	1. Resident 2's guardian was notified of the results of the cardiology appointment on March 22, 2023.  2. 2An audit of residents with pending scheduled appointments which will be conducted by the Registered Nurse Supervisors to verify that the resident and/or resident's representative is notified of upcoming medical appointments. This audit will continue until education is provided by the Registered Nurse Instructors and system change is implemented.  3. The Transportation/Appointments Policy will be revised to include the treatment nurse on 7-3 will notify residents and/or resident representatives of appointments scheduled for the following day and document the notification in the nursing progress notes. Licensed nursing staff will be trained on the policy update by the Registered Nurse Instructors.  4. Random quality reviews will be	Completion Date: <b>06/06/2023</b> Status: <b>APPROVED</b> Date: <b>05/10/2023</b>	

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F 0580  SS=D	Continued from page 2  section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).  §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).  This REQUIREMENT is not met as evidenced by:	F 0580	conducted by the Registered Nurse Supervisor/designee to verify that the treatment nurse on 7-3 notified residents and/or resident representatives of appointments scheduled for the following day and documented the notification in the nursing progress notes. These reviews will be conducted daily for two weeks, weekly for four weeks, then bi-weekly for one month. Results will be reported at regularly scheduled quality improvement meetings.		

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F 0580  SS=D	Continued from page 3  Based on clinical record reviews and staff interviews, it was determined that the facility failed to ensure that the resident's representative/interested family member was notified of a medical appointment for one of five residents reviewed (Resident 2).  Findings include:  A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated March 21, 2023, revealed that the resident was understood and could understand. The resident's clinical record revealed that Resident Family Member 1 was listed as the resident's emergency contact #1 and was the resident's legal health guardian. A care plan for the resident, dated September 23, 2022, revealed that the resident had an activities of daily living self-care deficit related to cognitive impairment. Staff was to place a call to the resident's healthcare guardian daily to provide a generalized updates on the	F 0580			

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F 0580  SS=D	Continued from page 4  resident's care.  Physician's orders for Resident 2, dated February 1, 2023, included an order to place a call to the resident's healthcare guardian daily to provide a generalized updated on the resident's care.  A nursing note for Resident 2, dated March 22, 2023, at 11:37 a.m. revealed that the resident was out to cardiology (a branch of medicine that deals with disorders of the heart and the cardiovascular system) at 9:05 a.m. and returned without incident at 11:10 a.m. A nursing note at 3:59 p.m. revealed that a call was placed to the resident's healthcare guardian to provide a generalized update. During this call the resident's healthcare guardian was updated regarding the resident's cardiology appointment on this date. The resident's healthcare guardian was upset regarding the cardiology appointment. The registered nurse supervisor and social worker were made aware so that her concerns could be addressed.	F 0580			

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F 0580  SS=D	Continued from page 5  A grievance for Resident 2, dated March 24, 2023, revealed that the resident's healthcare guardian presented a concern that she was not notified regarding the resident's cardiology appointment on March 22, 2023. She would have attended the appointment with the resident as she has done with past appointments. Investigation of the grievance substantiated that the resident's healthcare guardian was not notified of the resident's cardiology appointment prior to March 22, 2023.  Interview with the Assistant Director of Nursing 1 on April 14, 2023, at 3:55 p.m. confirmed that through the grievance investigation that Resident 2's healthcare guardian presented, they were able to substantiate that she was not notified about the cardiology appointment prior to March 22, 2023, so that she could attend the appointment along with Resident 2.  28 Pa. Code 211.12(d)(5) Nursing services.	F 0580			

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F 0842  SS=D	Continued from page 7  483.20(f)(5), 483.70(i)(1)-(5) Resident Records - Identifiable Information  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;	F 0842	1. Resident 2's nursing progress notes were updated to include that the resident did not receive the Eligard as indicated in the Electronic Medication Administration Record (EMAR) on August 19, 2022. 2. A random audit of ten percent of the events/incidents within the past 30 days will be conducted by the Registered Nurse Supervisors to verify that residents' events in the clinical records are complete, accurately documented in the nursing progress notes, and reflected in the EMAR as appropriate. 3. The Incident/Event Policy will be revised to include that information entered into an event is also present in the nursing progress notes and reflected in the EMAR as appropriate. Licensed nursing staff will be trained on the policy update by the Registered Nurse Instructors. 4. Random quality reviews will be conducted by the Registered Nurse Supervisor/designee to verify that information entered into an event is also present in the nursing progress	Completion Date: <b>06/06/2023</b> Status: <b>APPROVED</b> Date: <b>05/10/2023</b>	

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F 0842  SS=D	Continued from page 8  (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.  §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.	F 0842	notes and reflected in the EMAR as appropriate. The reviews will be conducted daily for two weeks, weekly for four weeks, then bi-weekly for one month. Results will be reported at regularly scheduled quality improvement meetings.		

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F 0842  SS=D	Continued from page 9  This REQUIREMENT is not met as evidenced by:	F 0842			

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F 0842  SS=D	<p>Continued from page 10</p> <p>Based on clinical record reviews and facility investigations, as well as staff interviews, it was determined that the facility failed to ensure that residents' clinical records were complete and accurately documented for one of five residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated March 21, 2023, revealed that the resident was understood and could understand.</p> <p>Physician's orders for Resident 2, dated November 19, 2021, included an order for the resident to receive a 22.5 milligram (mg) injection of Eligard (a medication to treat prostate cancer) once a day on the 19th of February, May, August, and November.</p> <p>Medication Administration Records (MARS) for</p>	F 0842			

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F 0842  SS=D	Continued from page 11  Resident 2, dated August 2022, revealed that staff administered the resident 22.5 mg injection of Eligard on August 19, 2022.  A facility investigation for Resident 2, dated September 14, 2022, revealed that the facility received a call from the oncology (a branch of medicine that specializes in the diagnosis and treatment of cancer) infusion center to make sure that the resident received the Eligard injection. When double checking, it was identified that the Eligard that should have been given was in the medication refrigerator. This was verified to have been the only Eligard issued to that unit/resident via pharmacy. The investigation revealed that the medication, the unopened box of Eligard, was the only box that had been delivered there since the replacement was ordered in May 2022. The resident's MAR's indicated that the medication was administered by the licensed practical nurse on August 19, 2022. It is believed that that the licensed practical nurse had clicked the administration by accident on the MAR. The	F 0842			

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F 0842  SS=D	Continued from page 12  infusion clinic was called and made aware of the incident.  Review of Resident 2's clinical record revealed no documented evidence that the above incident was a part of the resident's clinical record.  Interview with the Director of Nursing on April 14, 2023, at 5:05 p.m. confirmed that the above incident was not part of Resident 2's clinical record.  28 Pa Code 211.5(f) Clinical records.  28 Pa. Code 211.12(d)(5) Nursing services.	F 0842			



# Certified End Page

**HOLLIDAYSBURG VETERANS' HOME**

**STATE LICENSE NUMBER: 341402**

**SURVEY EXIT DATE: 04/24/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY